

# Work Order ID 67676

Tuesday, March 29, 2011 11:07:27 AM



Page 1

|                |                       |            |      |       |       |  |
|----------------|-----------------------|------------|------|-------|-------|--|
| Item ID:       | D3575-5               | Accept     |      | Setup | Start |  |
| Revision ID:   |                       |            |      |       |       |  |
| Item Name:     | Cabin Floor Protector |            |      |       | Stop  |  |
| Start Date:    | 3/30/2011             | Start Qty: | 2.00 |       |       |  |
| Required Date: | 3/30/2011             | Req'd Qty: | 2.00 |       |       |  |
| Reference:     |                       |            |      |       |       |  |
|                |                       |            |      |       |       |  |

|            |               |           |       |                 |            |  |       |  |     |       |  |
|------------|---------------|-----------|-------|-----------------|------------|--|-------|--|-----|-------|--|
| Approvals: | Process Plan: | <u>mf</u> | Date: | <u>11-03-29</u> | Tooling:   |  | Date: |  | Run | Start |  |
|            | QC:           |           | Date: |                 | SPC (Y/N): |  | Date: |  |     | Stop  |  |

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| <b>Draw Nbr</b>                | <b>Revision Nbr</b>      |                      |         |        |              |               |               |                  |                |
| D3575                          | Rev A                    |                      |         |        |              |               |               |                  |                |

|                   |   |      |  |  |  |  |  |  |  |
|-------------------|---|------|--|--|--|--|--|--|--|
| 100               |   | 0.00 |  |  |  |  |  |  |  |
|                   | FLOW WATER JET  |      |  |  |  |  |  |  |  |
| Waterjet          |   |      |  |  |  |  |  |  |  |
| FLOW CNC Waterjet | Memo  | 0.00 |  |  |  |  |  |  |  |
|                   | 1-Cut as per Dwg D3575 <input type="checkbox"/> Dwg Rev: <u>A</u> <input type="checkbox"/> Prog Rev: <u>A</u> <input type="checkbox"/> 2- |      |  |  |  |  |  |  |  |
|                   | Deburr if necessary   |      |  |  |  |  |  |  |  |

11-3-24

2

|                 |   |      |  |  |  |  |  |  |  |
|-----------------|---|------|--|--|--|--|--|--|--|
| 110             |   | 0.00 |  |  |  |  |  |  |  |
|                 | QC2- Inspect parts off machine FAI/FAIB |      |  |  |  |  |  |  |  |
| QC              |   |      |  |  |  |  |  |  |  |
| Quality Control | Memo                                    | 0.00 |  |  |  |  |  |  |  |

11-3-24

|                 |                                   |      |  |  |  |  |  |  |  |
|-----------------|-----------------------------------|------|--|--|--|--|--|--|--|
| 120             |                                   | 0.00 |  |  |  |  |  |  |  |
|                 | QC8- Inspect parts - second check |      |  |  |  |  |  |  |  |
| QC              |                                   |      |  |  |  |  |  |  |  |
| Quality Control | Memo                              | 0.00 |  |  |  |  |  |  |  |

Sulos/29

11-3-24

| W/O: |      | WORK ORDER CHANGES |  |    |      |     |                                     |                          |  |
|------|------|--------------------|--|----|------|-----|-------------------------------------|--------------------------|--|
| DATE | STEP | PROCEDURE CHANGE   |  | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |  |
|      |      |                    |  |    |      |     |                                     |                          |  |
|      |      |                    |  |    |      |     |                                     |                          |  |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                      |                                 |           |                |                           |                       |                          |
|------|------|----------------------------------|----------------------|---------------------------------|-----------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action    |                                 | Section B |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng | Action Description<br>Chief Eng |           | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                      |                                 |           |                |                           |                       |                          |
|      |      |                                  |                      |                                 |           |                |                           |                       |                          |
|      |      |                                  |                      |                                 |           |                |                           |                       |                          |

**NOTE:** Date & initial all entries

**Work Order ID 67676**

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Item ID: D3575-5

Accept



Setup Start



Revision ID:

Stop



Item Name: Cabin Floor Protector

Start Date: 3/30/2011 Start Qty: 2.00



Cust Item ID:

Required Date: 3/30/2011 Req'd Qty: 2.00



Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130



Small Fab

Small Fab

0.00

Memo

0.00

Small Fab

Deburr if necessary.

EP 11/03/30 (2)

140



QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

Memo

0.00

JW 03/30

(42)

150



Packaging

Packaging

Identify as per dwg &amp; Stock Location: \_\_\_\_\_

0.00

Memo

0.00

PP 67671

11/3/30

SP

(20)

| W/O: |      | WORK ORDER CHANGES |  |    |      |     |                                     |                          |  |
|------|------|--------------------|--|----|------|-----|-------------------------------------|--------------------------|--|
| DATE | STEP | PROCEDURE CHANGE   |  | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |  |
|      |      |                    |  |    |      |     |                                     |                          |  |
|      |      |                    |  |    |      |     |                                     |                          |  |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                      |                                 |                |  |                           |                       |                          |
|------|------|----------------------------------|----------------------|---------------------------------|----------------|--|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action    |                                 | Section B      |  | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng | Action Description<br>Chief Eng | Sign &<br>Date |  |                           |                       |                          |
|      |      |                                  |                      |                                 |                |  |                           |                       |                          |
|      |      |                                  |                      |                                 |                |  |                           |                       |                          |
|      |      |                                  |                      |                                 |                |  |                           |                       |                          |

**NOTE:** Date & initial all entries

**Work Order ID 67676**

Tuesday, March 29, 2011 11:07:27 AM



Page 3

Item ID: D3575-5

Accept



Setup Start



Revision ID:

Stop



Item Name: Cabin Floor Protector

Start Date: 3/30/2011 Start Qty: 2.00



Cust Item ID:

Required Date: 3/30/2011 Req'd Qty: 2.00



Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

160

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

4/3/30

MF  
11-03-30

| W/O: |      |                  | WORK ORDER CHANGES |    |      |     |                                     |                          |  |
|------|------|------------------|--------------------|----|------|-----|-------------------------------------|--------------------------|--|
| DATE | STEP | PROCEDURE CHANGE |                    | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |  |
|      |      |                  |                    |    |      |     |                                     |                          |  |
|      |      |                  |                    |    |      |     |                                     |                          |  |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                      |                                 |                |  |                           |                       |                          |
|------|------|----------------------------------|----------------------|---------------------------------|----------------|--|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action    |                                 | Section B      |  | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng | Action Description<br>Chief Eng | Sign &<br>Date |  |                           |                       |                          |
|      |      |                                  |                      |                                 |                |  |                           |                       |                          |
|      |      |                                  |                      |                                 |                |  |                           |                       |                          |
|      |      |                                  |                      |                                 |                |  |                           |                       |                          |

**NOTE:** Date & initial all entries

# Picklist Print

Tuesday, March 29, 2011 11:07:21 AM

Page 1

Work Order ID: 67676



Parent Item: D3575-5



Parent Item Name: Cabin Floor Protector

Start Date: 3/30/2011

Required Date: 3/30/2011

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP Rev :A New Issue 07.07.23 EC verified by:JLM

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| MLEXS.125-F60029-04             |                        | Purchased     | No          |                     |                  | 100             | sf                 | 3,032.000      | 10.666      | 22.45474     |               |                |        |
|                                 |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |
| GE PLASTICS LEXAN SHEET         |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |



FB11-3-24

Location

Loc Qty

Loc Code

MAT018

3032

112585

120

115261

768

116236

2144

116236

(2)

| W/O: |      | WORK ORDER CHANGES |  |    |      |     |                                     |                          |  |
|------|------|--------------------|--|----|------|-----|-------------------------------------|--------------------------|--|
| DATE | STEP | PROCEDURE CHANGE   |  | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |  |
|      |      |                    |  |    |      |     |                                     |                          |  |
|      |      |                    |  |    |      |     |                                     |                          |  |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                      |                                 |                |  |                           |                       |                          |
|------|------|----------------------------------|----------------------|---------------------------------|----------------|--|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action    |                                 | Section B      |  | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng | Action Description<br>Chief Eng | Sign &<br>Date |  |                           |                       |                          |
|      |      |                                  |                      |                                 |                |  |                           |                       |                          |
|      |      |                                  |                      |                                 |                |  |                           |                       |                          |
|      |      |                                  |                      |                                 |                |  |                           |                       |                          |

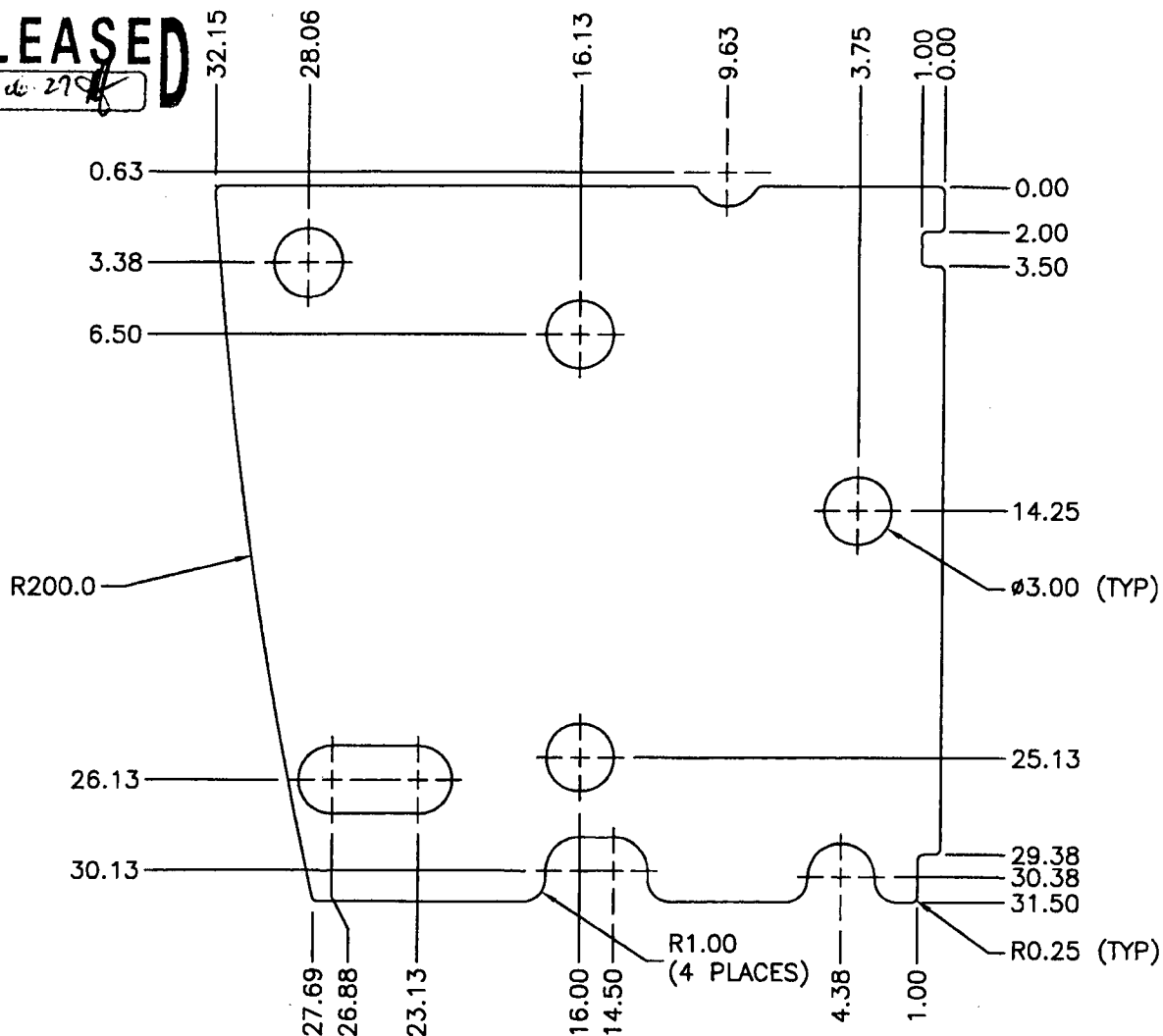
**NOTE:** Date & initial all entries





|                      |                                |   |                        |
|----------------------|--------------------------------|---|------------------------|
| DESIGN<br><i>LE</i>  | DRAWN BY<br><i>CB</i>          | DART AEROSPACE LTD<br>HAWKESBURY, ONTARIO, CANADA |                        |
| CHECKED<br><i>LE</i> | APPROVED<br><i>[Signature]</i> | DRAWING NO.<br>D3575                              | REV. A<br>SHEET 4 OF 4 |
| DATE<br>07.06.08     |                                | TITLE<br>CABIN FLOOR PROTECTOR                    | SCALE<br>1:8           |

RELEASED  
07 de 27



**D3575-5 CABIN FLOOR PROTECTOR (SHOWN)**  
**D3575-6 CABIN FLOOR PROTECTOR (OPPOSITE)**

**NOTES:**

- 1) MATERIAL: F60029 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE), 0.125 THICK, TEXTURED SIDE UP (REF DART SPEC MLEXS.125-F60029-04)
- 2) FINISH: NONE
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) IDENTIFY WITH DART P/N "D3575-5/-6" USING FINE POINT PERMANENT INK MARKER ON SMOOTH SIDE OF PART
- 5) ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE NOTED
- 6) BREAK ALL SHARP EDGES 0.005 TO 0.010 MAX
- 7) CHECK PER TEMPLATE DT8969

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| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |  |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|--|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |  |
|      |      |                    |    |      |     |                                     |                          |  |
|      |      |                    |    |      |     |                                     |                          |  |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                                |                                 |                |                           |                       |                          |
|------|------|----------------------------------|--------------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action<br>Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng           | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                                |                                 |                |                           |                       |                          |
|      |      |                                  |                                |                                 |                |                           |                       |                          |
|      |      |                                  |                                |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries

|   |               |                             |
|---|---------------|-----------------------------|
| <b>DART AEROSPACE LTD</b>                 |               | <b>Work Order:</b> 67676    |
| <b>Description:</b> Cabin Floor Protector |               | <b>Part Number:</b> D3575-5 |
| <b>Inspection Dwg:</b> D3575              | <b>Rev:</b> A | <b>Page 1 of 1</b>          |

### FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article ☐ Prototype

| Drawing Dimension | Tolerance     | Actual Dimension | Accept | Reject | Method of Inspection | Comments |
|-------------------|---------------|------------------|--------|--------|----------------------|----------|
| Ø3.00             | +0.006/-0.001 | 3.003            | x      |        | ✓ HB22               |          |
| 3.38              | +/-0.030      | 3.38             | x      |        | T HB01               |          |
| 6.50              | +/-0.030      | 6.50             | x      |        | T                    |          |
| 26.13             | +/-0.030      | 26.13            | x      |        | T                    |          |
| 30.13             | +/-0.030      | 30.13            | x      |        | T                    |          |
| 2.00              | +/-0.030      | 2.00             | x      |        | T                    |          |
| 3.50              | +/-0.030      | 3.50             | x      |        | T                    |          |
| 14.25             | +/-0.030      | 14.25            | x      |        | T                    |          |
| 25.13             | +/-0.030      | 25.13            | x      |        | T                    |          |
| 29.38             | +/-0.030      | 29.38            | x      |        | T                    |          |
| 30.38             | +/-0.030      | 30.38            | x      |        | T                    |          |
| 31.50             | +/-0.030      | 31.50            | x      |        | T                    |          |
| 1.00              | +/-0.030      | 1.00             | x      |        | T                    |          |
| 4.38              | +/-0.030      | 4.38             | x      |        | T                    |          |
| 14.50             | +/-0.030      | 14.50            | x      |        | T                    |          |
| 16.00             | +/-0.030      | 16.00            | x      |        | T                    |          |
| 23.13             | +/-0.030      | 23.13            | x      |        | T                    |          |
| 26.88             | +/-0.030      | 26.88            | x      |        | T                    |          |
| 27.69             | +/-0.030      | 27.69            | x      |        | T                    |          |
| 1.00              | +/-0.030      | 1.00             | x      |        | T                    |          |
| 3.75              | +/-0.030      | 3.75             | x      |        | T                    |          |
| 9.63              | +/-0.030      | 9.63             | x      |        | T                    |          |
| 16.13             | +/-0.030      | 16.13            | x      |        | T                    |          |
| 28.06             | +/-0.030      | 28.06            | x      |        | T                    |          |
| 32.15             | +/-0.030      | 32.15            | x      |        | T                    |          |

|                        |                       |                            |     |
|------------------------|-----------------------|----------------------------|-----|
| <b>Measured by:</b> RB | <b>Audited by:</b> S  | <b>Prototype Approval:</b> | N/A |
| <b>Date:</b> 11-3-24   | <b>Date:</b> 11/03/24 | <b>Date:</b>               | N/A |

|            |             |               |                   |                 |
|------------|-------------|---------------|-------------------|-----------------|
| <b>Rev</b> | <b>Date</b> | <b>Change</b> | <b>Revised by</b> | <b>Approved</b> |
| A          | 08.01.16    | New Issue     | KJ/DD             | AS              |